

Kansas Medical Assistance Program Prior Authorization Request Form for Non-Preferred Drugs

FAX completed form to the Prior Authorization Unit @ 1-800-913-2229 (274-5956 Topeka)

This includes all generic equivalents

DRUGS FOR INSOMNIA - Non-benzodiazepine sedative hypnotics			
Preferred		Non-preferred	
Drug Covered		Prior Authorization Required	
Eszopiclone	Lunesta [®]	Zaleplon	Sonata [®]
		Non-preferred	
		Zolpidem	Ambien [®] Ambien CR [®]

DRUGS FOR INSOMNIA - Novel sleep agents			
Preferred		Non-preferred	
Drug Covered		Prior Authorization Required	
Ramelteon	Rozerem [®]		

**** Indicates REQUIRED information******CONSUMER NAME:** _____ ****Medicaid Number:** _____****PHARMACY NAME:** _____ ****Medicaid Number:** _____****Phone Number:** _____ ****Fax Number:** _____ ****NDC:** _____****PRESCRIBING PHYSICIAN NAME:** _____ ****Medicaid Number:** _____****Phone Number:** _____ ****Fax Number:** _____**** Indicate:** Non-Preferred Drug prescribed: _____ Other: _____**** Check:** the appropriate box indicating medical necessity for the Non-Preferred Drug and provide the requested information:☐ Medical intolerance to Preferred Drug. **Provide clinical symptoms:** _____☐ Inadequate response to Preferred Drug.**** Indicate:** Preferred Drug tried: _____ Length of trial: _____☐ Absence of appropriate formulation or indication of the drug. Please specify: _____****Prescribing Physician's signature:** _____ **Date:** _____

If the pharmacy provider has started a Prior Authorization request and this information is not received within 15 working days, the PA request will be denied. **For questions related to Prior Authorization, contact 800-285-4978, option #3 or 274-5499, in Topeka.** General support is provided at 800-933-6593.

Revised 10/07/06